

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90075 043 ****70.00

DOCUMENT # N97000000644

1. Corporation Name

Spirit of Life and Love Ministry Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 1125 SE 4th St.

Suite, Apt. #, etc.

22 Suite A

City & State

23 Gainesville FL

Zip

24 32601

Country

25 U.S.A.

2a. Mailing Address

26 2605 SW 33rd Pl.

Suite, Apt. #, etc.

27 Apt B

City & State

28 Gainesville FL

Zip

29 32608

Country

30 U.S.A.

3. Date Incorporated or Qualified

February 3 1996

4. FEI Number

59-3448582

Applied For

Not Applicable

5. Certificate or Status Desired

6. Election Campaign Financing

Trust Fund Contribution

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

Joan Pace
2605 SW 33rd Pl. Apt B
Gainesville FL 32608

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME Joan Pace

STREET ADDRESS 2605 SW 33rd Pl. Apt B

CITY-ST-ZIP Gainesville FL 32608

TITLE T ☐ DELETE

NAME Stephenson Pace

STREET ADDRESS 2832 NE 12th St

CITY-ST-ZIP Gainesville FL 32601

TITLE T ☐ DELETE

NAME Harriet Gaueaus

STREET ADDRESS 4612 S.E. 3rd Pl.

CITY-ST-ZIP Gainesville FL 32641

TITLE S ☐ DELETE

NAME Melissa Howard

STREET ADDRESS 613 S.W. 75 St

CITY-ST-ZIP Gainesville FL 32608

TITLE T ☐ DELETE

NAME Charles Lee

STREET ADDRESS 2016 N.W. 34 Ave

CITY-ST-ZIP Gainesville FL 32609

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S ☐ Change ☒ Addition

1.2 NAME Sylvia McIntyre

1.3 STREET ADDRESS 3212 SW 25th Dr. Apt 3

1.4 CITY-ST-ZIP Gainesville FL 32608

2.1 TITLE T ☐ Change ☒ Addition

2.2 NAME Karen Frazier

2.3 STREET ADDRESS 2605 SW 33rd Pl. Apt B

2.4 CITY-ST-ZIP Gainesville FL 32608

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-99 (352) 367-1262

CR2E037-11/98